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DELIVERED
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LEGISLATIVE RESOURCE CENTER

2019 MAY 15 PM 4:39

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	
FINANCIAL DISCLOSURE STATEMENT		For New Members, Candidates, and New Employees	
Name: Hon. Michael Guest		Daytime Telephone: 202-225-5031	
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: MS District: 03	<input type="checkbox"/> Check if Amendment
	Candidates - Date of Election:		
<input type="checkbox"/> New Officer or Employee Employing Office:	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>		Period Covered: January 1, 2018 to 12/31/2018

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from the report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																																																													
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																																																													
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or jointly held with anyone (JT) in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>		None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)						
		None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)						
Examples:		None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)						
None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)								
None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)								
None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)								
None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)								
None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		NONE							DIVIDENDS							RENT							INTEREST							CAPITAL GAINS							EXCEPTED/BLIND TRUST							TAX-DEFERRED							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)								
None		\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,0																																																																					

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Hon. Michael Guest

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BLOCK A		BLOCK B													BLOCK C							BLOCK D																												
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income																												
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year														Preceding Year													
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII				
SP	KONVLP, (60533CPN) - MISSISSIPPI MA CORP SHOL FARM RTG REV RTG SER B BE CPN 3.650% DUE 12/01/25				X													X					X																											
SP	KONVLP, (6053407DN) - MISSISSIPPI ST RTG CAP IMPTS PJ SER A BE PTC CPN 5.000% DUE 10/01/26				X													X					X																											
SP	KONVLP, (605341C2B) - MISSISSIPPI ST SER H BE CO @ 96.421 3.1% CPN 3.000% DUE 12/01/30					X												X					X																											
SP	KONVLP, (605341D42) - MISSISSIPPI ST SER H BE CO @ 97.718 3.1% CPN 3.000% DUE 12/01/31					X												X					X																											
SP	KONVLP, (605341D80) - MISSISSIPPI ST SER H BE CO @ 96.401 3.22% CPN 3.125% DUE 12/01/32																	X					X																											
SP	KONVLP, (605341F23) - MISSISSIPPI ST SER D BE CPN 3.000% DUE 12/01/34																	X					X																											
SP	KONVLP, (605341K01) - MISSISSIPPI ST SER D BE CPN 3.000% DUE 12/01/35																	X					X																											
SP	KONVLP, (605341K09) - MISSISSIPPI ST SER D BE CO @ 96.283 3.05% CPN 3.000% DUE 12/01/36																	X					X																											
SP	KONVLP, (605341K63) - MISSISSIPPI ST SER D BE CO @ 96.413 3.06% CPN 3.000% DUE 12/01/37																	X					X																											
SP	KONVLP, (605341K63) - MISSISSIPPI ST SER D BE CO @ 96.413 3.06% CPN 3.000% DUE 12/01/37																	X					X																											
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SP	KONVLP, (605341K63) - MISSISSIPPI ST SER D BE CO @ 96.413 3.06% CPN 3.000% DUE 12/01/37																	X					X																											

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Hon. Michael Guest

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BLOCK A			BLOCK B													BLOCK C								BLOCK D																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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SP	TRUST-AC (241558N2) - DESOTO CNTY MS SCH DIST LTD TAX MTS GO LTD FED & ST TAX-EXEMPT OMD DTD 06/01/2008 4.5%		X																X					X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										

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SCHEDULE C - EARNED INCOME

Name: Hon. Michael Guest

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:			
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$200
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ottawa County Board of Education	Spouse Salary	N/A	N/A
STATE OF MISSISSIPPI	SALARY	\$0	\$117469.96
RANKIN COUNTY BOARD OF SUPERVISORS	SALARY	\$0	\$7771.08
MS COURT COLLECTIONS	SALARY	\$0	\$2400

SCHEDULE D - LIABILITIES

Name: Hon. Michael Guest

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/15	Mortgage on Rental Property, Dover, DE				X							
	TRUSTMARK NATIONAL BANK	3/2012	MORTGAGE ON PERSONAL RESIDENCE				X							

SCHEDULE E -- POSITIONS

Name: Hon. Michael Guest

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Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
BOARD MEMBER	MS CRIME STOPPERS ADVISORY COUNCIL - 2016 - 2018
BOARD MEMBER	THE BOARD ON LAW ENFORCEMENT OFFICER STANDARDS AND TRAINING - 2016 - 2018
BOARD MEMBER	CENTRAL MS CRIME STOPPERS - 2016 - 2018
PRESIDENT	RANKIN COUNTY EDUCATIONAL FOUNDATION- 2016 - 2018
PRESIDENT-ELECT (PREVIOUSLY VICE-PRES)	MS PROSECUTORS ASSOCIATION - 2016 - 2018
PRINCIPAL/OWNER	GUEST LAW PLLC (BUSINESS IS INACTIVE) - 2016 - 2018

SCHEDULE F – AGREEMENTS

Name: Hon. Michael Guest

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
		NONE

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000
PAID BY ONE SOURCE

Name: Hon. Michael Guest

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Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
		NONE

FILER NOTES
(Optional)

NOTE NUMBER	NOTES
1	Brookfield Property Partners (ET_INV (BPV)), Which acquired ET-INV (GGP) is not listed because value is less than \$1,000 and insufficient income for reporting purposes.
2	All positions were uncompensated unless otherwise noted.